



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

JAN -9 A8:43

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

DEPT. OF ECOLOGY
FISCAL & BUDGET

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: See attachment
#1

FOR OFFICE USE ONLY	
CHANGE No. <u>C64-02093C</u>	WRIA <u>44</u>
DATE ACCEPTED <u>04/06/09</u>	BY <u>S</u>
FEE \$ <u>50.00</u>	REC'D <u>01/09/2009</u>
CHECK No. <u>1047</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	
<u>\$50 fee OK-EG</u> <u>1-14-09</u>	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Florence Point, LLC</u>	PHONE NO. <u>(206) 419-6392</u>	FAX NO. <u>(206) 701-5030</u>
ADDRESS <u>22118-238TH P.L. S.E.</u>		
CITY <u>Maple Valley</u>	STATE <u>WA</u>	ZIP CODE <u>98038-2451</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Todd Marangen</u>	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS <u>Same</u>		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>G4-03664CWR15 (2093A)</u>	RECORDED NAME(S) <u>Ben Zanol</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

See attachment #2, Affidavit from previous owner residing on property for the past 50+ years.

64-03664CWR15			
FOR OFFICE USE ONLY			
APP. NO. <u>03664</u>	PERMIT NO. <u>03437</u>	CERT. NO. <u>02093</u>	CERT. OF CHANGE NO. <u>BEN ZANOL</u>

C64-02093C

WRIA 44
4415087

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well - Government Lot 4 + 5				29	25	21 EWM		N/A

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		SW	SE	29	25	21 EWM		BAF968

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

N/A per Thomas Perkow - WSDOE
Wenatchee Field Office

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
See attachment #3							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Douglas		10
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Tax parcel numbers 25212940038 thru 25212940045							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

See Attachment #4

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

Please contact Thomas Perkow - Watermaster	
WSDOE - Wenatchee Field Office	
for more information	
if necessary	
IF FOR SEASONAL OR TEMPORARY, START DATE <u> </u> / <u> </u> / <u> </u> END DATE <u> </u> / <u> </u> / <u> </u> N/A	

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant) Florence Point LLC 11/16/2008 (Date)

Todd E Maranga

(Water Right Holder) Florence Point LLC 11/16/2008 (Date)

Todd E Maranga

(Land Owner(s) of Existing Place of Use) Florence Point LLC 11/16/2008 (Date)

Todd E Maranga

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____